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ABSTRACT

A study investigated the influence and effectiveness of career counselors and psychotherapists in facilitating positive life planning for persons recovering from traumatic brain injuries. Information was collected through a personal survey of 13 fairly highly functioning adult members of a head injury support group. Respondents answered in writing or orally; some had help in reading the instrument or in offering their responses. Of the 13 survey participants, 9 had seen a vocational counselor and 10 had seen a psychotherapist at least once. Of these people, 60 percent found psychotherapy helpful and 33 percent found vocational counseling helpful in developing employment plans. The study found a wide range of vocational counseling and psychotherapeutic experiences for individuals recovering from traumatic brain injuries. Decision making and vocational planning were complicated by obvious disabilities and by the misconceptions of medical and mental health professionals regarding prognosis, recovery, and rehabilitation. Vocational counselors, occupational therapists, and psychotherapists played an important role in reestablishing the self-image during recovery. Influence in decision making for the study participants came mainly from themselves, family members, and friends. Persons who found psychotherapy and vocational counseling relevant and supportive included practitioners of these professions as part of their support systems. The study also found that the first session of brain injury survivor and counselor is critical. The study concluded that there is a need for additional training and funding for counselors and psychotherapists who work with brain injury survivors and persons with other disabilities, since they influence considerably the recovery process of brain-injury survivors. (Contains 11 references.) (KC)

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VOCATIONAL DECISION-MAKING: A DILEMMA FOR BRAIN INJURY SURVIVORS AND THEIR COUNSELORS

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ABSTRACT

Persons recovering from traumatic brain injury face additional challenges when making educational, career and activity decisions. Counselors and other professionals can have a strong effect on vocational decision-making for this population. This article investigates the influence and effectiveness of career counselors and psychotherapists in facilitating positive life planning for persons recovering from this complex and variable condition. The importance of a strong support system, with counselors providing a professional component, is discussed.

INTRODUCTION

For many individuals recovering from brain injuries, one of the most critical phases of recovery involves reentry into education, volunteer and work activities. Many brain injury survivors cannot return to their pre-injury activities but could learn other skills. Rehabilitation, education and training must be preceded by careful planning and decision-making in order to match the individual's abilities, interests, needs and potential with a meaningful and viable career/activities path. Individuals recovering from brain injuries generally have a number of people, including counselors, who constitute a support system. All of these people have some degree of influence on this decision-making process.

While counseling psychology has developed methods for career/vocational counseling which meet the changing needs of the general population, the application of career counseling methods for individuals with disabilities, particularly brain injured persons, has not, in many cases, achieved the best results (Curnow, 1989; Kanchier, 1990; Goldberg, 1992; Humes, et al, 1989; McCue, 1989). For example, individuals with brain injuries are typically

discouraged from entering higher education programs and from training for certain white-collar occupations, regardless of their level of cognitive and language functioning. Brain damaged individuals with higher levels of cognition have been shown to do fairly well in higher education (Hall & DePompei, 1986), in spite of the logistic difficulties typically faced, provided they take a lighter course load.

Appropriate assessment of abilities, strengths, and vocational interests is as important for disabled individuals as it is for the general population. Sensitive assessment, which does not inappropriately limit the individual's self-concept and developmental goals, is essential (Brolin & Gysbers, 1989; Curnow, 1989; Kanchier, 1990; Jagger, et al, 1992; Lam, et al, 1991; McCue, 1989). Each brain injury is as unique as the individual. Providing individual counseling and assessment for people with disabilities who are making career decisions is the challenge faced by over-booked vocational and educational counselors.

Because making career decisions is more complicated for individuals with disabilities (Alston & Burkhead, 1989), a variety of models for career development and life planning have been suggested to assist the counselor in facilitating positive career choices and life adjustment following brain injuries and other disabling events (Brolin & Gysbers, 1989; Curnow, 1989; Goldberg, 1992). These models all require taking the time to do a careful evaluation of the individual's abilities and preferences. As in all applications of career counseling, a realistic match between the individual and the job market must be made for those who are able to reenter the paid workforce.

METHODOLOGY

Factors which influence educational and vocational decision-making for survivors of brain injury come from several sources and take many forms. This research project combines quantitative and qualitative data to examine this process. We surveyed a group of adults from a head injury support group. Thirteen survivors signed consent forms and completed surveys.

Because the abilities of our participants varied, we made arrangements for them to either write or dictate on audio tape their responses during the meeting. Some participants needed help in reading and/or completing the survey. One person dictated responses into a tape recorder. Some people with vision problems received help from other people attending the meeting. Those receiving help filling out the survey got assistance from individuals present who were not their own family members to avoid mixing the perspectives of survivors and family members on the surveys.

DATA AND RESULTS

From the responses obtained, we observed trends in career counseling and decision-making for persons recovering from brain injuries. In particular, we were curious about the influence and input various support persons have in decision-making and how much survivors feel empowered to make their own plans and decisions. We hope to provide insight into the aspects of this process which currently serve the disabled population well. We will also look at areas of career counseling which need further innovation to meet the special needs of brain injury survivors, since more disabled individuals are training to enter the

workforce with the passage and implementation of the Americans with Disabilities Act of 1990.

Of the 13 survivors surveyed, there were 9 males and 4 females, which is representative of the head injury population. Their ages ranged from 23 - 61, with a mean age of 39.7, and a median of 40. Between a few months to 27 years had passed since the injuries of the participants, with a mean of 8 years. The demographics of this sample correlate closely with the statistics compiled by the Rocky Mountain Regional Brain Injury Center (Handler, 1993).

Some of the participants had already reentered the workforce. Only one person was able to return to a previous job. Three participants were working full-time, one was working part-time and six were doing volunteer work outside the home. The participant working part-time was also going to school part-time, as well doing volunteer work. Of the 13 participants, three were not working or attending school and had not made arrangements to start volunteer work, but were looking for work at the time of the survey. Eight of the 13 reported requiring some degree of help with household duties, transportation for errands being the most frequent need.

The survey includes a section of questions inquiring about the participants' perceptions about their post-injury abilities. The questions asked participants to respond on a 1-5, strongly disagree to strongly agree, Likert scale. The mean scores are as follows:

I believe I can reenter the workforce. 3.92

I believe I can reenter school or training. 3.54

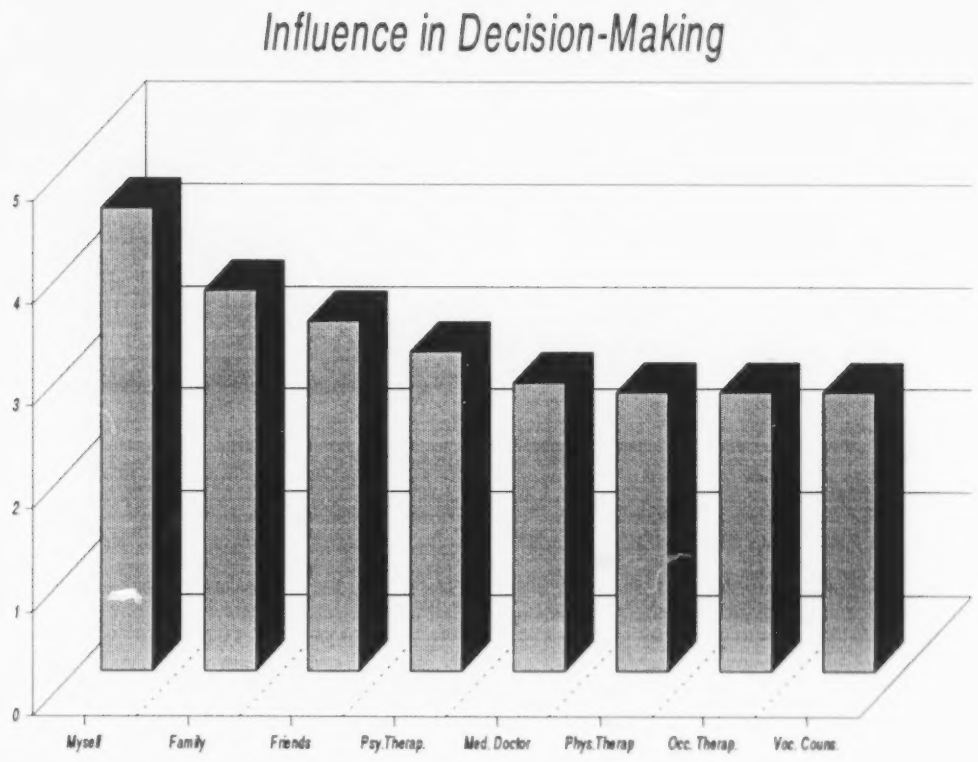
I believe I can regain previous level of activity. 2.77

I believe I can resume homemaking. 3.91

The above data indicate that the sample participants generally have a sense of guarded hope for resuming activity following their injuries. Most seem to expect to resume activities, but have accepted the fact that brain injuries have reduced, but not eliminated, their abilities. Most of the participants indicated having some plans for the future. Four of the 13 wanted to explore further career options.

Of the 13 participants, 11 reported receiving unrealistically bleak prognoses at the time of their injuries from medical personnel. None of these participants agreed with their initial prognosis as given. Even survey participants with recent brain injuries reported having far exceeded all expectations for recovery. Two of the participants realized that medical professionals often give worst-case scenarios to injured individuals as protection from law-suits, but still expressed bitterness about these grim forecasts.

Many participants described the discouragement and frustration they and their families experienced when presented with such hopeless pictures of the future. Overcoming these discouraging perceptions was necessary for recovery. Most brain injury survivors who went to counseling and/or therapy sought support


Influence in Decision-Making
5
4
3
2
1
0
Myself
Family
Friends
Psy.Therap.
Med. Doctor
Phys.Therap
Occ. Therap.
Voc. Couns.

and hope in order to develop realistic perceptions of their abilities and potential.

Vocational counselors and psychotherapists got mixed ratings in terms of influence and effectiveness in this survey. Of the 13 participants, nine had seen a vocational counselor and ten had seen a psychotherapist at least once. Of this subset of participants, 60% found psychotherapy helpful during recovery. Only 33% found vocational counseling helpful in developing employment plans.

Those who found psychotherapy and/or vocational counseling beneficial, described their counselors as encouraging and supportive. They reported having found direction, identified options, adapted to new circumstances and learned new coping skills during counseling. This facilitated reentry into employment, education, training or volunteer work.

The 66% who reported finding vocational counseling as not beneficial during decision-making and planning, described the counseling process as superficial and insensitive. The 40% who reported psychotherapy as unhelpful, found it irrelevant. Several who had poor experiences in counseling, only went to one session, found it disappointing, and did not return.

The data above is summarized in the following graph as mean Likert scale scores. This data indicates a balanced locus of influence, with external influence coming from support system members, such as friends and family. Some considered psychotherapists as an additional part of their support system.

LIMITATIONS

While allowing both written and oral responses increased the amount of information obtained from a variety of people with differing abilities, we also realize this multi-procedural approach to gathering data affects the methodology of the study. By doing the survey during the meeting, we obtained more responses than we would have if we had allowed participants to take the survey home and mail back, but we are aware that some privacy and anonymity was lost in this procedure.

Another limitation is our small sample size. However, we believe this sample is a balanced representation of individuals with brain injuries who are likely to pursue further education and to reenter the workforce in paid or volunteer positions. People with injuries too severe to allow them to participate in a support group are often not able to work outside the home. Brain injured individuals with more severe cognitive, emotional and/or physical disabilities represent another disabled population which is not represented in this study. Transportation to an evening meeting is an on-going problem for participants of this type of support group. Our study is based on the responses of those who could attend this support group meeting and could secure transportation.

This survey data is compiled from self-report information only. Besides the usual problems inherent in self-report data, it is well established that some individuals with brain injuries have memory problems (Lam, et al. 1991). It is possible that some participants recalled information selectively while filling out this survey. Those who received help from other people in completing the survey

may have had help remembering information which may have, to some degree, colored the information and data results with the perspectives of other people. Data gathering methods focused on getting the most information possible, while we remain mindful of the potential skew that the methodology may bring.

SUMMARY

In conclusion, the results of this survey indicates a wide range of vocational counseling and psychotherapeutic experiences for individuals recovering from traumatic brain injuries. Decision-making and vocational planning is complicated by obvious disabilities and by the misconceptions of medical and mental health professionals regarding prognoses, recovery and rehabilitation. Because medical personnel tend to paint a bleak picture of the future for these individuals, survivors and members of their support systems, need help realistically assessing remaining abilities and options.

Brain injury survivors with higher cognitive functioning face the challenge of overcoming the stereotype of limited mental ability, with which some survivors have problems and others do not. Vocational counselors, occupational therapists and psychotherapists play an important role in reestablishing the self-image during recovery. This healing process requires nurturing and sensitivity, as well as honesty, in the discussion of future plans for brain injury survivors.

Influence in decision-making for the study participants came mainly from themselves, family members and friends. For individuals who found psychotherapy and vocational counseling relevant and supportive, psychotherapists became a professional component of their support systems. As counselors and

psychologists become more aware of the special needs of brain injury survivors, as well as others with disabilities, we hope this trend will continue.

The importance of the first session in a counseling experience has long been understood. From information gathered in this study, the first session with any type of counselor is perhaps more critical for the brain injured population than for therapy clients in general. Rapport, support, encouragement and an open-minded attempt to assess and understand the individual is essential. In order to do this, funding and staffing for brain injury centers will be needed to be maintained to assure reasonable client loads for counselors. A survey of professionals from the Colorado Rehabilitation Services (Handler, 1993) indicates that most counselors think they need to spend more time with clients, in both assessment and counseling.

This study surveyed brain injured individuals with higher cognitive and social abilities, some of whom were more physically mobile and/or had more reliable transportation from their support systems than many head injury survivors. The focus of the study centered on decision-making and planning as part of the recovery process. Further study is needed to understand the role counselors and therapists play in the recovery of head injury survivors with more damage to cognitive and emotional function.

The results of this study indicate a need for additional training and funding for counselors and psychotherapists who work with brain injury survivors and persons with other disabilities. The influence people with disabilities derive from counseling and health care professionals is significant. Sound, realistic and

positive decision-making is necessary for planning the reestablishment of employment and other activities. It is hoped that further understanding into the individual needs of brain injury survivors will improve the quality of support and care necessary for successful recovery and reentry into meaningful activities.

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